

## **GOVERNOR-NOMINEE-DESIGNATE FORM**

Please complete and sign this form	have your club secretary sign if	t, and submit it to the dis	strict nominating committee.	
Governor year of service	District	Zone	RI membership ID nur	mber
Family name		First name		Middle initial
Name as it should appear on your	badge			
Member, Rotary Club of			Classification	
Please ensure that your contact in	formation (email, postal address	s, and phone number) is	up-to-date in My Rotary.	
Language(s) in order of fluency:				
Read		Speak		
For each of the following categorie	es, please pick only one languag	ge per category.		
International Assembly:	English French Japanese	e Korean Portugues	se Spanish	
Publications available in	Arabic Chinese English	Finnish French G	erman Hindi Italian J	apanese Korean
languages:	Portuguese Spanish Swe	edish Thai		
rartner information (if applicable	)	First name		Middle initial
Name as it should appear on your	badge			
Email			Gender Male	Female
For each of the following categorie	es, please pick only one languag	ge per category.		
International Assembly:	Chinese English French	German Hindi It	alian Japanese Korean	Portuguese
	Spanish Swedish			
Publications available in these languages:	English French Japanes	e Korean Portugue	se Spanish	
For Rotarian partners only:				
Member, Rotary Club of			RI membership ID กเ	ımher



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## **PRIVACY**

## **CANDIDATE'S STATEMENT**

I hereby state that I understand clearly the qualifications, duties, and responsibilities of the office of district governor as set forth in the RI Bylaws and that I am fully qualified for said office and willing and able, physically and otherwise, to assume and fulfill the duties and responsibilities of that office and to perform them faithfully. Further, I have read and agreed to abide by the district governor code of ethics, as detailed in the Rotary Code of Policies. I agree in advance to accept the decision of the RI Board concerning my election to office without recourse to any non-Rotary agency or other dispute resolution system and further accept that any court costs and attorney's fees incurred by RI in enforcing this agreement shall be reimbursed by me in their entirety. I understand that if selected, I must attend, for their full duration, the governors-elect training seminar in my zone and the International Assembly to be held the Rotary year before taking office. I have read this form in its entirety and certify that all the information provided on this form is true and correct.

Signature	
ANDIDATE'S QUALIFICATIONS	
ned is a member in good standing of the Rotary Club o	of
his member has been duly suggested for the office of I in RI Bylaws section 16.010. and that the club memb	district governor under RI Bylaws 12.030.3. and meets bership information on this form is accurate.
Club cogratary's name	Club secretary's signature
	ANDIDATE'S QUALIFICATIONS  ned is a member in good standing of the Rotary Club his member has been duly suggested for the office of